Month Day, Year

Name

Address

City, State Zip Code

RE:

Dear Name:

Thank you for choosing Southern Plains Behavioral Health Services as your provider of mental and behavioral health needs. Our records indicate that you have not been seen since **DATE**. In order to continue services at Southern Plains, please contact the Winner office at 605-842-1465. If Southern Plains does not hear from you by **DATE**, no further attempts to contact you will be made. After this date, you will no longer be seen for services at Southern Plains. Should you need our services in the future, please call the Winner office to make a referral.

Sincerely,

Provider’s Name

Title

Month Day, Year

Name

Address

City, State Zip Code

RE:

Dear Name:

Thank you for choosing Southern Plains Behavioral Health Services as your provider of mental health medication. Our records indicate that you have not been seen since **DATE**. In order to continue services at Southern Plains, please contact the Winner office at 605-842-1465. If we do not hear from you by **DATE,** no further attempts to contact you will be made and you will no longer be seen or receive medications through Southern Plains. Medication refills will need to be obtained through your primary care physician. Should you need our services in the future, please call the Winner office to make a referral.

Sincerely,

Provider’s Name

Title